

Written Testimony of the Connecticut Society of Eye Physicians

**H.B. 6838 - AN ACT CONCERNING THE USE OF TELEMEDICINE TO
PROMOTE EFFICIENCY IN THE DELIVERY OF HEALTH CARE SERVICES.**

January 31, 2007

Good day Senator Handley, Representative Sayers, and esteemed members of the Public Health Committee. The Connecticut Society of Eye Physicians represents more than 300 Ophthalmologists in the state of Connecticut and we have worked for years to encourage high quality, cost-effective medical care. We are pleased to have this opportunity to address issues raised by H.B. 6838 - AN ACT CONCERNING THE USE OF TELEMEDICINE TO PROMOTE EFFICIENCY IN THE DELIVERY OF HEALTH CARE SERVICES.

Ophthalmology has a long history of technological innovation and commitment to quality healthcare. We were the first specialty to have Board Certification, and we were the first to use lasers for the diagnosis and treatment of disease. The average ophthalmology office now has several lasers, digital imaging systems, computers, and a host of other high tech devices to improve both quality and efficiency, and we understand the intention of this proposed legislation is to serve those same goals. While we applaud innovative thinking, we do have some concerns about the need for this legislation and potential unintended consequences.

Connecticut is a small state, roughly 90 miles by 50 miles. Yet for a small state we have a rich supply of many resources, including a sophisticated and comprehensive medical community. More than 300 ophthalmologists practice in our state. In fact, Connecticut has more ophthalmologists per capita than any other state. Of the 169 towns and cities, over 1/3 have ophthalmologists, and no one in the state is more than 15 miles from an ophthalmologist. I do not have statistics for all specialties, but I suspect they are similar. Given these facts, we believe careful attention must be given to the potential benefits and the cost of making telemedicine available to the citizens of Connecticut.

If the goal of telemedicine is to reduce the burden of transportation to the doctor's office, I would question the potential benefit, as most patients will have to be transported to a facility that has telemedicine capabilities. There is a wide variety of equipment and infrastructure changes that may have to be made to many facilities to meet the requirements for state of the art telemedicine. Some of this equipment can be very expensive, and both the transmitting and receiving site must have appropriate & compatible equipment. Some of our members who have experience with telemedicine report that the experience, while certainly better than a telephone description, does not truly replicate having a patient in your office to examine. It therefore seems likely that the benefit of a telemedicine system will not outweigh the risk and expense compared to routine eye care, and probably for other routine examinations. Yet the use of telemedicine in unusual and complicated cases will inherently have greater risk as well.

We also have concerns regarding liability issues as they relate to the practice of telemedicine. Do the insurers currently writing professional liability policies in the state

of Connecticut have an official policy regarding risks associated with this technology? Given the litigious nature of our society, it is not hard to imagine what will happen when a misdiagnosis is blamed on a telemedicine examination or consultation.

One additional consideration of a more intangible nature is the potential damage this may do to the doctor – patient relationship that is already strained by the pressures of sometimes intrusive insurance plans and a system struggling with falling reimbursement and increased costs of practice. The personal aspects of the unique relationship between doctors and patients could be further damaged by the insertion of this impersonal technology.

We believe that there may be a place for this technology, but we also believe that the assessment of the risks, benefits, and unintended consequences must be both thoughtful and comprehensive. We therefore feel that a wide variety of health care professionals should be involved in the design of any pilot studies and the determination of the quality measures to be used in evaluating this technology. The Connecticut Society of Eye Physicians is anxious to help with any program related to ocular examination, diagnosis and treatment. Thank you for your consideration. Any questions or comments please contact Debbie Osborn, Exec. Director at 860-567-3787.

Submitted on Behalf of the Connecticut Society of Eye Physicians by William Ehlers,
M.D., Legislative Chair